STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Health Home Learning Collaborative

Member Rights and Responsibilities

12/19/2022

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid

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Agenda

1. Introductions
2. Grievance and Appeals……...…….....Bill Ocker, ITC; Katie Sargent, AGP
3. Ombudsman Program/Member Rights & Responsibilities…..Bill Ocker, ITC
   Blaine Beatty, AGP
4. Q&A/Open Discussion ……All

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them, time permitting we will address them at the end.

Objectives

- To outline the grievance and appeals process for members and providers.
- To outline State of Iowa Ombudsmen Program.
- Member Rights and Responsibilities.

Grievances

- An expression of dissatisfaction about any matter other than an adverse benefit determination

Grievance Examples

- **Quality of care** – neglect by staff leading to member harm, care provided below the standard of care, wrong surgery site
- **Customer service** – aspects of interpersonal relationships, such as rudeness of a provider or employee
- **Member rights and dignity** – being treated differently due to income or status
- **Access to care** – unable to get an appointment due to lack of providers in a certain demographic area
- **Transportation issues** – no show, late, safety concerns
- **Disenrollment** – wanting to switch MCOs for various reasons (i.e. family with a different MCO, provider not in network)
  - Disenrollment requests are processed as *expedited grievances*

Iowa Total Care

Grievance Submission Requirements

- Full name of caller (indicate whether the caller is the member, parent, guardian, provider, etc.)
- Phone number of caller
- If the caller is someone other than the member, do we have a Power Of Attorney or authorization on file?
  - In order to file a grievance on behalf of a member, there must be a Release of Information (ROI) form on file.

Grievance Submission Requirements (con't)

- Complete detail of caller's grievance, including:
  - Provider's full name (including Physician, Nurse Practitioner, etc.)
  - Name of facility or place of complaint
  - Time and date the issue occurred,
  - Phone number of physician, facility, or vendor, etc.)
- Advise caller of turnaround expectation (expedited is 72 hours, standard is 30 days).

Appeals

- An appeal is a right given to a member to request another review of an adverse benefit determination also known as a denied authorization.

Appeal Examples

- Denial of authorization for service, in whole or in part (i.e. physical therapy, diabetic supplies)
- Reduction or termination of HCBS services or units
- Denied medication request

How to submit an appeal

- Members can request an appeal over the phone by calling member services and requesting an appeal.

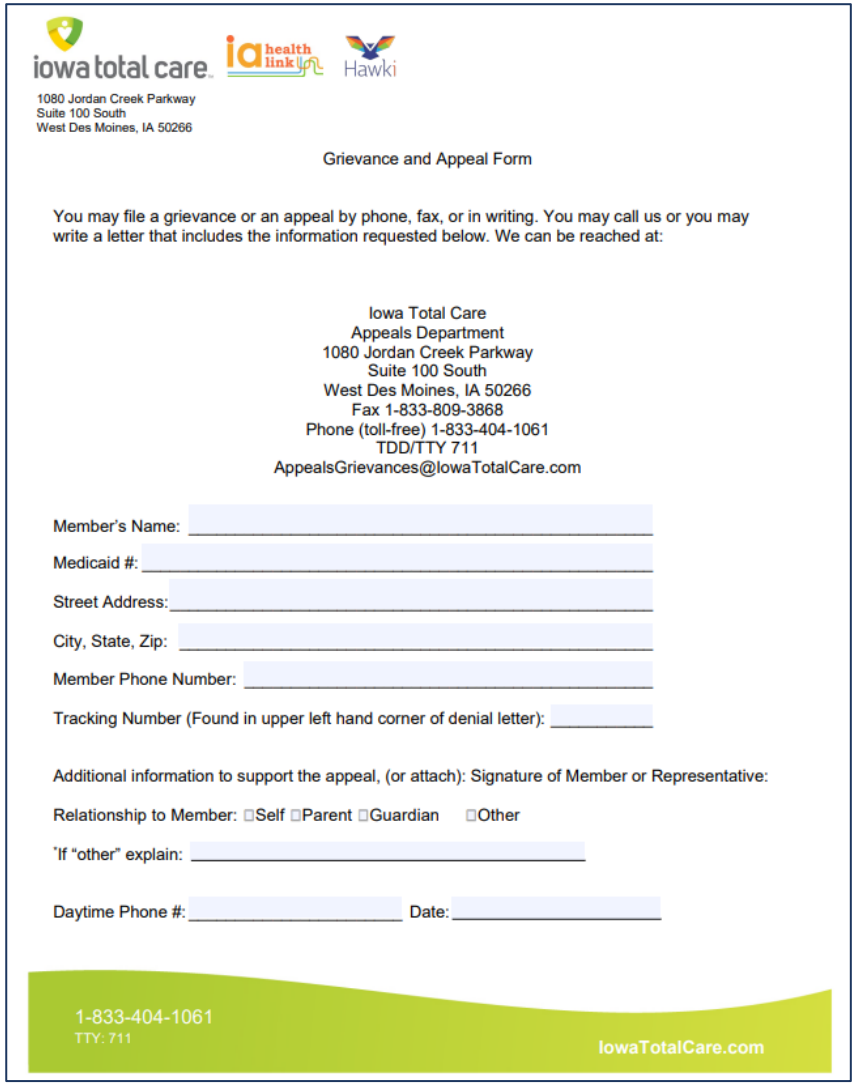
- The provider or authorized representative may file an appeal on behalf of a Medicaid member, if the member has given their express written consent. Member consent must be obtained on form 470-5526, Authorized Representative for Managed Care Appeals.
  - https://dhs.iowa.gov/sites/default/files/470-5526.pdf

- A signed/dated document requesting an appeal is required from the member
  - Call Center should send **ALL** verbal phone request for appeal to the Appeal Dept.
  - The Appeal Department will be responsible for obtaining the written request.
  - The Grievance/Appeal Form from the ITC website can be used
    - Form must be signed & dated
  - Any written request which is signed/dated is accepted within the designated timeframes. **You can file an appeal up to 60 calendar days from the date on the letter that states what decision was made.**

Phone Appeal Requests

- Please obtain:
  - The name of the caller and what their relationship to the member is
  - A current phone number where the member/caller can be contacted
  - What the appeal or request is regarding
    - Document the outcome the member is seeking

Appeal Form



iowa total care | ia health link | Hawki

1080 Jordan Creek Parkway
Suite 100 South
West Des Moines, IA 50266

Grievance and Appeal Form

You may file a grievance or an appeal by phone, fax, or in writing. You may call us or you may write a letter that includes the information requested below. We can be reached at:

Iowa Total Care
Appeals Department
1080 Jordan Creek Parkway
Suite 100 South
West Des Moines, IA 50266
Fax 1-833-809-3868
Phone (toll-free) 1-833-404-1061
TDD/TTY 711
AppealsGrievances@IowaTotalCare.com

Member's Name: _____

Medicaid #: _____

Street Address: _____

City, State, Zip: _____

Member Phone Number: _____

Tracking Number (Found in upper left hand corner of denial letter): _____

Additional information to support the appeal, (or attach): Signature of Member or Representative:

Relationship to Member: ☐Self ☐Parent ☐Guardian ☐Other

If "other" explain: _____

Daytime Phone #: _____ Date: _____

1-833-404-1061
TTY: 711
IowaTotalCare.com

IOWA HHS

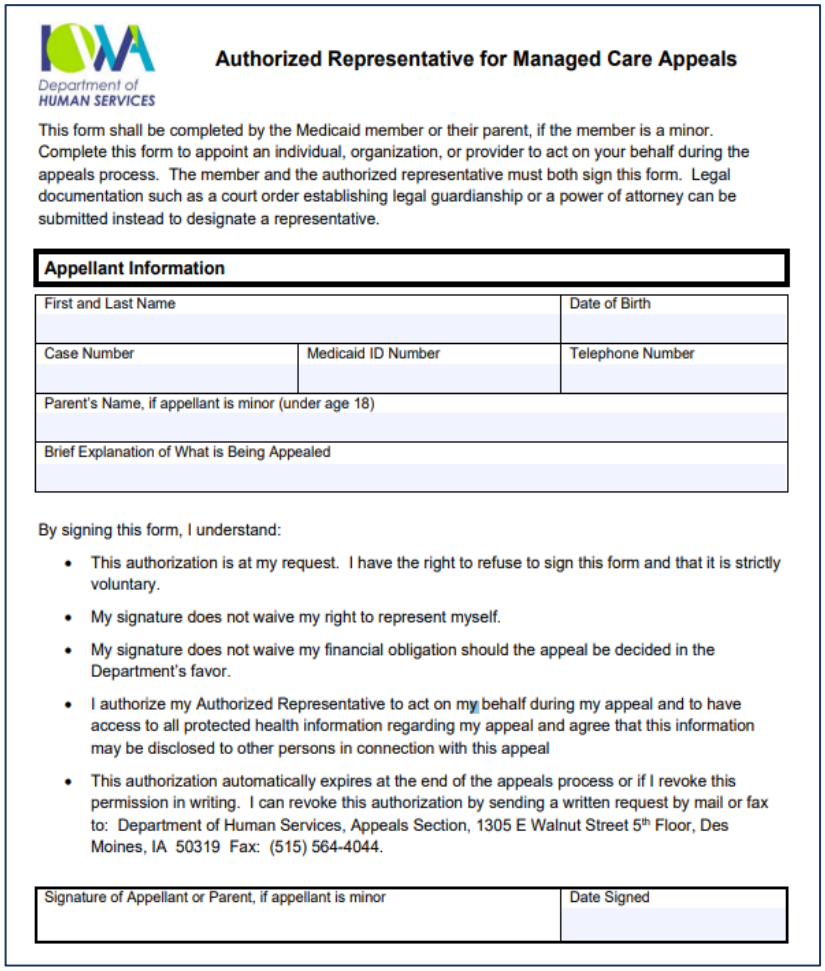
How to submit an appeal

- Appeals can be submitted via phone, fax, e-mail, or mail
  - Phone: 833-404-1061
  - Fax: 833-809-3868
  - E-mail: appealsgrievances@iowatotalcare.com
  - Mail:
    - Iowa Total Care
      1080 S Jordan Creek Parkway
      Attn: Appeals
      West Des Moines, IA 50266

How to submit an appeal

- If the appeal is being requested by a provider's office, or someone other than the member, a completed Authorized Representative Designation (ARD) Form will be required
  - Located on the ITC website https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/470-5526_ARDForm-EN_4-2021.pdf
    Provided with the Prior Authorization Denial Letter (from UM, and Envolve)

Authorized Representative Designation Form



Department of HUMAN SERVICES

Authorized Representative for Managed Care Appeals

This form shall be completed by the Medicaid member or their parent, if the member is a minor. Complete this form to appoint an individual, organization, or provider to act on your behalf during the appeals process. The member and the authorized representative must both sign this form. Legal documentation such as a court order establishing legal guardianship or a power of attorney can be submitted instead to designate a representative.

Appellant Information

First and Last Name		Date of Birth
Case Number	Medicaid ID Number	Telephone Number
Parent's Name, if appellant is minor (under age 18)		
Brief Explanation of What is Being Appealed		

By signing this form, I understand:

- This authorization is at my request. I have the right to refuse to sign this form and that it is strictly voluntary.
- My signature does not waive my right to represent myself.
- My signature does not waive my financial obligation should the appeal be decided in the Department's favor.
- I authorize my Authorized Representative to act on my behalf during my appeal and to have access to all protected health information regarding my appeal and agree that this information may be disclosed to other persons in connection with this appeal
- This authorization automatically expires at the end of the appeals process or if I revoke this permission in writing. I can revoke this authorization by sending a written request by mail or fax to: Department of Human Services, Appeals Section, 1305 E Walnut Street 5th Floor, Des Moines, IA 50319 Fax: (515) 564-4044.

Signature of Appellant or Parent, if appellant is minor	Date Signed

Appellant Representative Information

Authorized Representative First and Last Name		
Organization or Provider Business Name		
Representative Mailing Address		
City	State	ZIP Code
Relationship to Representative	Representative Telephone Number	

By signing this form, the Authorized Representative understands:

As a condition of serving as an authorized representative, I agree to abide by relevant state and federal laws concerning conflicts of interest and confidentiality of information.

If the appellant is physically unable to sign, I, the Authorized Representative, certify that (appellant) _____ is physically unable to sign this form. Describe the physical incapacity affecting the appellant.

Signature of Authorized Representative	Date Signed

Note: This form is not valid for appellants who are mentally unable to sign. If the appellant is mentally unable to sign this form, the person acting on their behalf must submit legal proof of guardianship with the appeal.

Please submit the form to your managed care organization or to the Department of Human Services at the address below.

Amerigroup Iowa Inc Grievances and Appeals Department 4800 Westown Pkwy Ste 200 West Des Moines, IA 50266	Iowa Total Care Attn: Quality Department – Grievance and Appeals Team 1080 Jordan Creek Pkwy Ste 100 S West Des Moines, IA 50266	UnitedHealthcare Community Plan Grievance and Appeals PO Box 31364 Salt Lake City, UT 84131-0364
Delta Dental of Iowa Attn: DWP Appeals and Complaints PO Box 94040 Johnston, IA 50131-9040	MCNA Dental Attn: Grievances and Appeals Department 200 West Cypress Creek Road, Suite 500 Fort Lauderdale, FL 33309	Department of Human Services Appeals Section 1305 E Walnut St 5th Floor Des Moines, IA 50319 FAX: (515) 564-4044 Email: appeals@dhs.state.ia.us

470-5526 (Rev. 3/19)

IOWA HHS

Other considerations

- **Envolve/RxAdvance:** this company handles pharmacy prior authorization, reconsideration, and peer-to-peer (doctor to doctor)
  - To check the status of an authorization, submit new information for reconsideration (within 10 days of the denial), or to schedule a peer-to-peer on a pharmacy claim, providers can call Envolve directly at **1-866-399-0928** or fax information to **1-877-386-4695**

Details

- A member appeal must be requested within 60 days after the day the denial letter was mailed to the member.
- ITC has 30 days to complete a standard appeal and 72 hours to complete expedited appeals.
- If the member is not satisfied with the outcome of the appeal process, they have 120 days to request a State Fair Hearing after the day the appeal determination letter was mailed.

Provider Appeals

Any post service denial (the service or product has already been provided to the member)
All claim disputes (wrong payment rec'd, billing errors, correct coding etc.)

Send both to the following:

Iowa Total Care
Attention: Grievance and Appeals Department
P.O. Box 8030
Farmington, MO 63640-8030

Amerigroup

Who Can File?

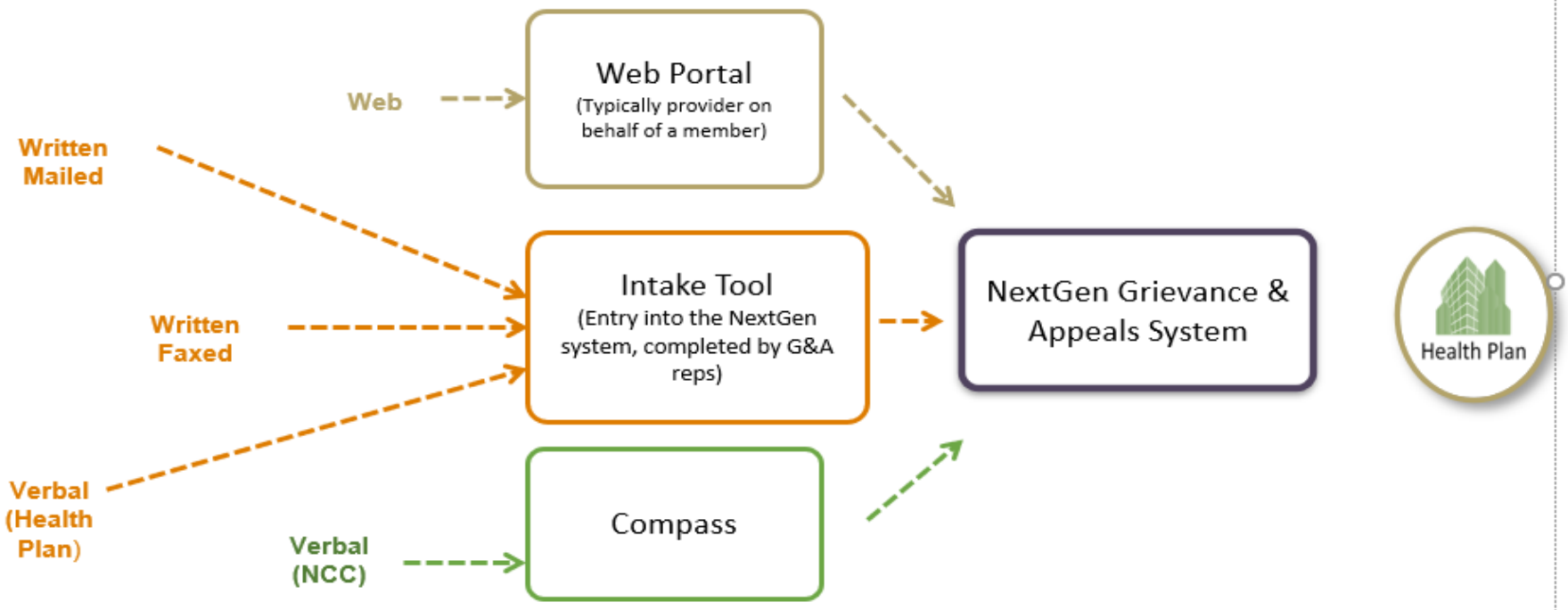
Grievances and Appeals

- Members
- A member's authorized representative
- A provider with the member's (written) consent

State Fair Hearings

- Members
- A member's authorized representative

How Grievance / Appeals are received



Timeframes

Filing Timeframes

- Appeals: within 60 calendar days of the Notice of Action
- Fair Hearings – within 120 days of Amerigroup's Appeal determination

Acknowledgment

- We will acknowledge all grievances and appeals in writing within 3 business days of receipt
- Fair Hearing Summaries will be submitted to the State within 10 calendar days of receipt

Resolution

- Grievances: 30 calendar days from verbal or written receipt
- Appeals: 30 calendar days from verbal or written receipt

Extensions

- For Grievances and Appeals: Up to an additional 14 calendar days

Urgent/Expedited Resolution

- For Grievances and Appeals: Within 72 hours of receipt

Grievance Review & Resolution

- Individuals involved in the previous level of review or decision may not review the grievance
- Clinical grievances must be reviewed by a health care professional with appropriate clinical expertise in treating the member's condition or disease
- Amerigroup will contact the member or provider as necessary to obtain additional information needed to thoroughly review and resolve the member's grievance
- Grievance resolutions will always be communicated to the member in writing

Appeal Review & Resolution

- Individuals involved in the previous level of review or decision may not review the appeal
- The Medical Director involved in the appeal review, will hold the same or similar specialty as the treating practitioner and have experience treating the health problem as stated in the appeal
- The health plan will provide the member every opportunity to present evidence in person as well as in writing
- The resolution will be communicated to the member in writing and provide instructions for fair hearing if the decision is not wholly in favor of the member

How to request a Grievance or Appeal

We can help you file your appeal or grievance. If you need help filing an appeal or grievance, call us toll free at 1-800-600-4441 (TTY 711) or direct at 515-327-7012 (TTY 711).

Your appeal or grievance request can also be mailed to:

Grievances and Appeals Department

Amerigroup Iowa, Inc.

4800 Westown Parkway, Suite 200

West Des Moines, IA 50266

How to request a State Fair Hearing

- Making the request online at https://dhssecure.dhs.state.ia.us/forms/appealrequest.htm
- Calling 515-281-8774 or 515-281-3094
- Requests can be mailed or faxed to:

  Department of Human Services
  Appeals Section
  1305 E. Walnut St., 5th Floor
  Des Moines, IA 50319-0114

Iowa Ombudsman Programs

State Ombudsman Program

- **Function:**
  - The State (Citizen's Aide) Ombudsman program has authority to investigate administrative actions of government entities.

- **State Ombudsman Program**
  - The Citizen's Aide Ombudsman is authorized by Iowa Code Chapter 2C to investigate, on complaint or on the ombudsman's own motion, any administrative action of any state agency.

  - The State Ombudsman is not an advocacy organization, but an entity with authority to ensure the State agency is correctly following state and federal rules, regulations and policies.

State Ombudsman Program Cont'd

- **Data Exchanged:**
  - The State Ombudsman may make an inquiry to Iowa Medicaid, requesting information, background or clarification on a member-specific concern, or concern impacting the service provision.

- **Notification of MCO:**
  - Upon inquiry from the State Ombudsman as applicable; in some instances the State Ombudsman may have direct communication with the MCO.

- **Population:**
  - Medicaid-eligible members, regardless of service delivery method (managed care or fee-for-service) or services received.

State Ombudsman Program Cont'd

- **Goal:**
  - Monitor inquiries from the State Ombudsman to ensure appropriate resolution to member issue; ensure correct regulations, policies and procedures are being followed; and identify any potential systemic issues and put actions in place to mitigate future issues.

- **Iowa Medicaid Staff responsible:**
  - Federal Compliance Officer
  - MCO Account Managers
  - Iowa Medicaid Member Liaison

Managed Care Ombudsman Program

- **Function:**
  - The Managed Care Long-Term Care Ombudsman may provide assistance and advocacy services to eligible recipients and their families or legal representatives to: help members understand their services under Medicaid managed care, track requests for assistance, and assist in preparing and filing complaints and grievances.

  - Federal regulations require states that operate Medicaid managed care programs for long-term care members have available independent advocacy services to help members:
    - understand their rights, responsibility, choices and opportunities
    - resolve any problems that arise between the member and their MCO

Managed Care Ombudsman Program Cont'd

- In Iowa, there are two Ombudsman programs. One is for Long-Term Care and the other is for Managed Care Organizations.
  - Long-Term Care Ombudsman program is for facilities
  - Managed Care Ombudsman program meets the Medicaid Managed Care Oversight requirements.
  - The Ombudsman Program is independent from Iowa Department of Health and Human Services (HHS).
- **Data Exchanged**:
  - The Ombudsman may make an inquiry to Iowa Medicaid requesting information, background, or clarification on a member-specific concern.

Managed Care Ombudsman Program Cont'd

- **Notification of MCO:**
  - The Ombudsman may have direct communication with the MCO before Iowa Medicaid.
- **Population:**
  - Medicaid-eligible members enrolled with an MCO, receiving long term care services.
- **Iowa Total Care Goal:**
  - Monitor inquiries from the Ombudsman to ensure appropriate resolution to member issue;
  - Ensure correct regulations, policies and procedures are being followed; and
  - Identify any issues that may be (or have potential to become) systemic and put actions in place to mitigate future issues.

Members Rights and Responsibilities
Iowa Medicaid

- Show your Medicaid card each time you visit your health care provider and make sure their office has a record that you are on Medicaid.
- Confirm that your provider is enrolled with Medicaid. If the provider writing your prescription or providing your care is not a Medicaid provider, Medicaid will not pay for it. Medicaid will not pay for services from a provider who is not enrolled with Medicaid.
- If you can, find out before you ask for a new or special type of treatment, if it requires prior approval from Iowa Medicaid. If it does and the approval is not received, you could become responsible for payment.
- Keep all scheduled appointments - or call to cancel or reschedule. Some providers may stop seeing you if you miss one or more scheduled appointments.
- Seek medical services that are medically necessary. DHS may limit your services if you use Medicaid for services that are not necessary.
- Tell Iowa Medicaid Member Services about any changes to other health insurance coverage. Tell them if coverage ends, you lose or get new coverage or change insurance companies. Call Member Services toll-free at 1-800-338-8366.

Members Rights and Responsibilities Iowa Medicaid Cont.

- Tell your medical providers about anyone else who may be legally responsible to pay your medical bills.
- Treat your Medicaid number the way you treat your Social Security number—do not loan or sell it to anyone.
- Keep your Medicaid card in a safe place, the way you protect your money or checkbook—out of sight of everyone.
- If you suspect that someone is misusing their Medicaid benefits or someone who is not your provider requests your Medicaid information, please call The U.S. Department of Health & Human Services at 1-800-447-8477 or call Member Services at 1-800-338-8366 or locally (Des Moines area) at (515) 256-4606. View this Medicaid Fraud flyer for more information on how to report suspected Medicaid fraud.

Ombudsman Programs

Amerigroup Partnership

- Amerigroup Ombudsman Liaison works directly with both Ombudsman offices to expeditiously facilitate member inquires or requests for information.
- Monthly 1:1 meetings with both offices to review open or closed cases and provide updates.
- Tracking and trending inquiries to identify any trends or opportunities to improve member experiences.
- Ongoing collaboration for general program updates and new implemented initiatives.
- Both Ombudsman offices release regular reports that includes information and data on Medicaid and specifically the Managed Care Program.

Member Rights

- **Iowa Medicaid Member Handbook**
  - https://dhs.iowa.gov/sites/default/files/Comm476.pdf?092720212017
- **Amerigroup Member Handbook**
  - https://www.myamerigroup.com/ia/iaia_caid_memberhandbook_eng.pdf
- **Iowa Total Care Member Handbook**
  - https://www.iowatotalcare.com/content/dam/centene/iowa-total-care/PDF/ITC_MemberHandbook_2021-EN_508.pdf

Member Rights

- Be treated with respect and dignity
- To take part in the community and work, live and learn as you are able.
- To receive Health Care services.
- Be able to receive Covered Services in a fair manner.
- Be able to make decisions regarding his or her health care, including the right to refuse treatment.
- Be able to choose a representative to help with making care decisions.
- Have an open discussion with your provider about your treatment options, regardless of cost or benefit coverage.
- Be able to take an active part in understanding physical and behavioral health problems and setting treatment goals with your provider.

Member Right's Cont'd

- To receive timely, appropriate and accessible medical care.
- To obtain a second opinion regarding a medical diagnosis.
- To change your MCO as allowed by program policy.
- To appeal a decision, you do not agree with.
- To be treated without discrimination with regards to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.
- Receive information on available treatment options and alternatives
- Create an advance directive.

Take Part In Making Decisions About Your Health Care

- Members have the right to consent to or refuse treatment and actively take part in treatment decisions.

- Not be restrained or secluded if doing so is:
  - For someone else's convenience
  - Meant to force you to do something you do not want to do
  - To get back at you or punish you

- Get health care services that will achieve the purpose for which the services are given.

- Get health care services from out-of-network providers; the out-of-network provider must obtain a prior authorization* and if granted, the member may receive services at a cost no greater than it would be if services were furnished within the network

Exercise Your Rights Without Adverse Effects

- Tell us your complaint or file an appeal about Amerigroup or the care of services you receive from our providers.

- Know the requirements and time frames for filing a grievance or appeal, including:
  - How to get help with the filing process.
  - The toll-free numbers to file by phone.
  - The state fair hearing process, including:
    - The right to a hearing.
    - The rules governing representation at the hearing.

- Make recommendations regarding your rights and responsibilities as an Amerigroup member.

- Voice concerns or complaints to Amerigroup anytime by calling 800-374-3631, ext. 106-103-5185.

Access interpretation services

- Receive these services at no cost to you for all non-English languages, not just those known to be common.
- Education and supports on how to access interpretation services.
- Written materials in your preferred language.
- Written materials in large print, audio, electronic, and other formats.
- Qualified sign language interpreters.

Self Advocacy Resources

- NAMI – Iowa
  - https://namiiowa.org/
- Ombudsman Office
  - https://www.legis.iowa.gov/Ombudsman/
  - https://iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program
- Area Agencies on Aging
  - https://iowaaging.gov/
- Disability Rights Iowa
  - https://disabilityrightsiowa.org/
- Iowans With Disabilities In Action
  - https://www.iowaddcouncil.org/

Privacy

- Know your medical record is private; is cared for with dignity and without discrimination.
- Know your medical records and discussions with your providers will be kept private and confidential.
- Receive a copy of your medical records; request additional copies of your medical records; request that the records be amended or corrected.

Accessing Information

- **Receive information in a manner and format you can understand. That includes:**
  - Enrollment notices.
  - Information about your health plan rules, including the health care services you can get and how to get them.
  - Treatment options and alternatives, regardless of cost or whether it is part of your covered benefits.
  - A complete description of disenrollment rights at least annually.
  - Notice of any key changes in your benefits package at least 30 days before the effective date of the change.
  - Information on the grievance, appeal and administrative hearing procedures.
  - Information on advance directive policies.
  - Basic features of IA Health Link privacy.

References

- Amerigroup:
  - https://provider.amerigroup.com/iowa-provider/home
  - https://www.myamerigroup.com/ia/iowa-home.html
- Iowa Total Care:
  - https://www.iowatotalcare.com/members/medicaid.html
  - https://www.iowatotalcare.com/providers.html
- Iowa Medicaid:
  - https://dhs.iowa.gov/appeals
  - https://www.legis.iowa.gov/Ombudsman/

Questions